

☐ Fees Paid Total _____

2016 Adult Hickman Coed Slow Pitch Softball Registration Hickman Parks & Recreation Department

Hickman Parks & Recreation Department P.O. Box 127 Hickman, NE 68372 www.hickman.ne.gov



Team Nar	ne:						
Team Cap	tain Nan	ne:					
Address _				_City		State	Zip
Phone: Ho	ome ()	Cell ()	Work	()	
\$350	per Tear	n Coed Adu	lt Softball (W	hich Inclu	udes One case	of Softball	s Per team)
around 9:0 be consist Minimum must be to	00 pm. Ted of an number our inverse in the contraction of the contract	The Last two even number of players is with this regi	weeks will be or of women and a max	e a Singl and men of 15 bu and full p	e Elimination To alternating by p t only 12 batting payment. A full	ournament position and in one ni	::00pm and Ending t. The teams will ad batting order. ght. Team Rosters t be listed on the
Się	gn up De	adline 07/05	5/16	Sched	ules will be rele	ased 07/0	6/16
		7	WAIVER AND	RELEAS	E OF LIABILITY		
that you or y As injury and agr as a result of I ag officers, agen and its official or loss which participation. I fu employees ar my minor chil-	a participan ee to assun participating gree to waiv its, servants is, officers, a I or my min rither agree to divolunteer d/ward and accordance of The Signs The Risks	child/ward might or parent/guardne the full risk of gin any and all are and relinquish and employees agents, servants, or child/ward materials of condemnify and so from any and a cor arising out of cowith Nebraska Stand Symptoms.	t sustain arising dian of a participa any injuries, incluctivities connected all claims I or my as a result of pa employees and by have or which I claims resulting connected with, o atute 71-9105 (20 of a Concussion; ining a Concussion;	out of this ant, I recognized death, d with or asseminor child/inticipating. I wolunteers from any incur or and defend the from injuries from any way 2011), parents on; and,	participation. ize and acknowledge damages or loss whice ociated with this progward may have again do hereby fully release on any and all claims may accrue to me or expected the City of Hickman and as, including death, data associated with the ast and coaches must respect to the co	that there are ch I or my min ram. Inst the City of ase and disch from injuries. I my minor chi its officials, o mages and los ctivities of my eview the prov	e certain risks of physical or child/ward may sustain. Hickman and its officials, arge the City of Hickman, including death, damage ld/ward on account of my fficers, agents, servants, sses sustained by me or participation. Vided items that address a notification of his or her
For Office Use On		necks Payable to	o: City of Hickma	an Parks & l	Rec. (Only Cash or C	Checks are A	ccepted)
□ Date Re					☐ Check	#	

☐ Cash Receipt #_____

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Team Roster

Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	
Name	Signature	Phone #	

WAIVER AND RELEASE OF LIABILITY

Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries that you or your minor child/ward might sustain arising out of this participation.

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Hickman and its officials, officers, agents, servants and employees as a result of participating. I do hereby fully release and discharge the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation.

In accordance with Nebraska Statute 71-9105 (2011), parents and coaches must review the provided items that address the following:

- 1) The Signs and Symptoms of a Concussion;
- 2) The Risks Posed by Sustaining a Concussion; &, The Actions an athlete should take in response to sustaining a concussion, including the notification of his or her coaches.
- 3) The Actions an athlete should take in response to sustaining a concussion, including the notification of his or her coaches.